



## INDIVIDUAL MEDICATION RECORD

### *NON-PRESCRIPTION MEDICATION* **HERBAL REMEDY**

**To be completed by parent/guardian.**

CHILD'S NAME \_\_\_\_\_

MEDICATION \_\_\_\_\_

HAS YOUR CHILD TAKEN THIS EXACT MEDICINE BEFORE? \_\_\_\_\_

DID YOUR CHILD HAVE ANY REACTIONS \_\_\_\_\_

WHEN DID YOUR CHILD LAST TAKE THIS MEDICINE? \_\_\_\_\_

AMOUNT TO BE GIVEN \_\_\_\_\_

DATES TO BE GIVEN:     Start date \_\_\_\_\_  
   Finish date \_\_\_\_\_ (maximum 2 weeks)

EXACT TIMES TO BE GIVEN \_\_\_\_\_

SPECIAL INSTRUCTIONS (e.g., to be taken with food) \_\_\_\_\_  
 \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

*To be completed by the staff at the time medication is given*

DATE	MEDICATION	DOSAGE	TIME	STAFF SIGNATURE	FIRST AID